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Department of Health and Human Services

MEDICAID 101

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Objectives

- Overview of the Medicaid eligibility process and who is eligible
- Understanding of Medicaid Rates
- Updates
 - Managed Care
 - ABA Implementation

Maximizing Medicaid



Medicaid has many Vital Roles in the National Health Care System

- Health care coverage for:
 - *Children and adults in low-income families*
 - *Elderly and persons with disabilities*
 - *Low income childless adults (if the State elected to enroll the expanded population)*
- Assistance to Medicare beneficiaries:
 - *Premiums, co-pays and deductible coverage*
- Long-Term care:
 - *Institutional and community based services*

How to Apply for Medicaid

Click in – Come in – Call in

- Individuals applying for assistance are provided service options via:
 - *Access Nevada – the DWSS online application system*
 - *Mail/Fax in applications*
 - *Call Center (CCT) – includes Automated Voice Response system for routine queries*
 - *Visit one of the local area offices*
- SNAP Outreach partners also accept applications at local food banks and community sites
- Targeted DWSS Partnerships – Eligibility staff are located onsite in community organizations.

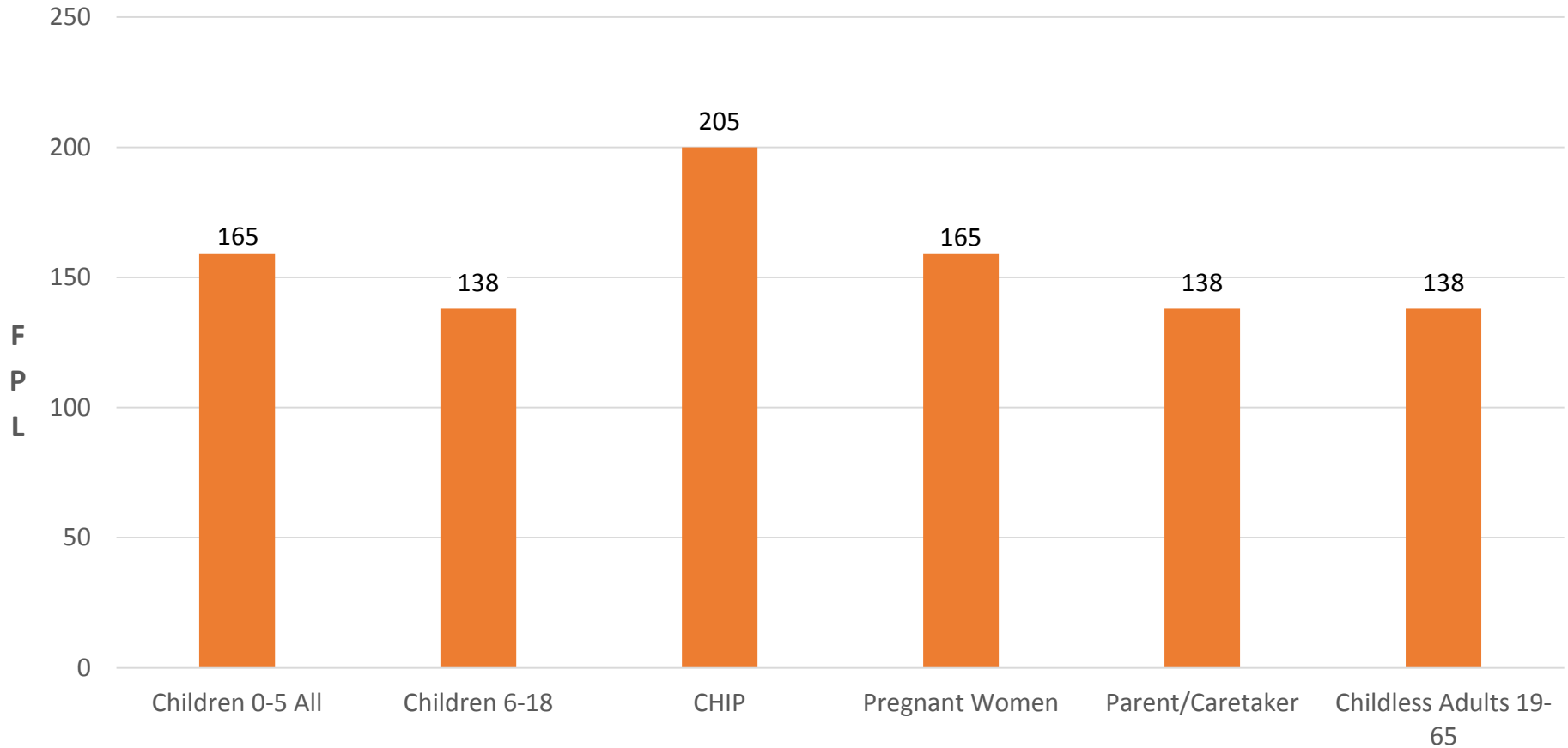


Who is Eligible for Medicaid?

Mandatory Individuals	Optional Individuals
Children	Women with breast or cervical cancer under 200% of the FPL
Pregnant Women	Disabled children who require medical facility care, but can appropriately be cared for at home – Katie Beckett eligibility group
Parent/Caretaker	Health Insurance for Work Advancement (HIWA) is for individuals 16 to 64 who are disabled. It allows them to retain essential Medicaid benefits while working and earning income.
SSI Recipients (Blind or Disabled)	Home and Community Based Waivers
Certain Qualified Medicare Beneficiaries (QMB)	Childless Adults
	Long Term Care

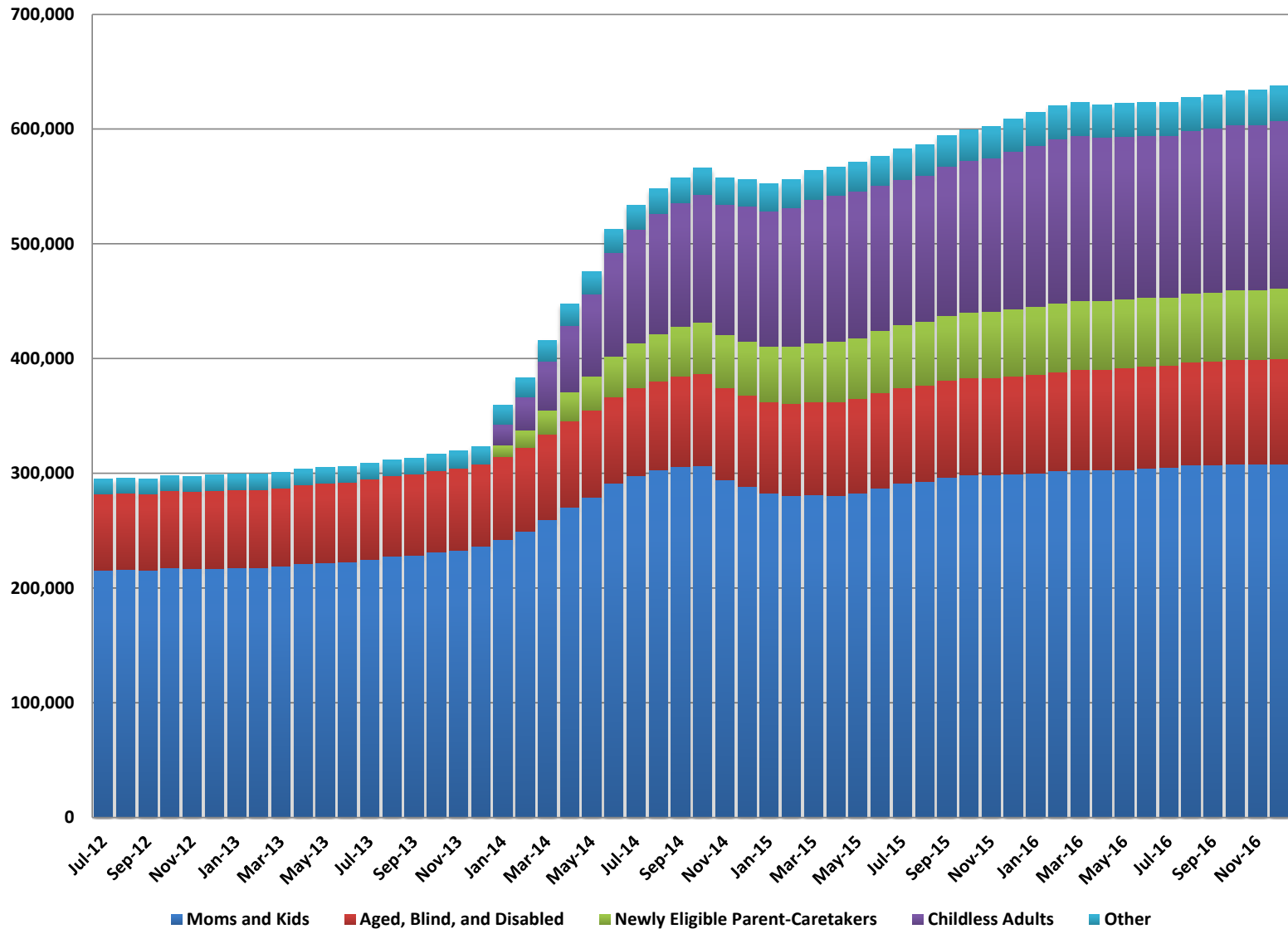


Current Eligibility



Household Size	100% FPL	138% FPL	165% FPL	205% FPL
1	\$990	\$1,366	\$1,634	\$2,030
2	\$1,335	\$1,842	\$2,203	\$2,737
3	\$1,680	\$2,318	\$2,772	\$3,444
4	\$2,025	\$2,795	\$3,341	\$4,151

Medicaid Caseload



General Rules of Medicaid

- Comparability of Services
- Free Choice of Provider
- Statewide Coverage
- Utilization Control
- Medical Necessity
- Proper & efficient administration
- Payment for services furnished outside the State
- Assurance of Transportation (new NET vendor: MTM)
- Early Periodic Screening and Diagnostic Treatment (EPSDT)
 - *States are required to provide all medically necessary services. This includes services that would otherwise be optional services but not part of the Nevada Medicaid State Plan.*

Nevada's Mandatory & Optional Services

Mandatory Services:

- Physician Services
- Laboratory and x-ray services
- Inpatient hospital services
- Outpatient hospital services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under the age of 21
- Family planning and supplies
- Federally-qualified health center (FQHC) services
- Rural health clinic services
- Nurse midwife services
- Certified nurse practitioner services
- Nursing facility (NF) services for individuals 21 or over
- Transportation
- Home Health
- Durable Medical Equipment (DME)

Covered Optional Services:

- Prescription drugs
- Medical care or remedial care furnished by licensed practitioners (Limited)
- Diagnostic, screening, and preventive services
- Clinic services
- Dental services (pregnancy related, emergency, palliative and dentures for adults)
- Therapy (physical, occupational, speech, audiology)
- Prosthetic devices, eyeglasses
- Primary care case management
- ICF/ID services
- Inpatient/nursing facility services for individuals 65 and over in an institution for mental diseases (IMD)
- Inpatient psychiatric hospital services for individuals under age 21
- Nursing Facility services for individuals under 21
- Respiratory care services for ventilator-dependent individuals
- Personal care services
- Private duty nursing services
- Hospice services
- Targeted case management (limited)
- Free-standing birthing centers

Service Delivery Model: Managed Care

July 1, 2017

- **Four Plans**
 - *Aetna Better Health;*
 - *Amerigroup;*
 - *Health Plan of Nevada;*
 - *SilverSummit*
- **Person centered planning and system of care principles**
- **Pay for performance and quality incentives**
 - *Children and adolescent access to primary care physicians*
 - *Comprehensive Diabetes Care – HGB1C testing*
 - *Frequency of ongoing prenatal care*

Navigant Recommendations

4 STEP PHASED IN APPROACH

- Phase 1 – Build State Capacity
- Phase 2 – Improve Medicaid Access
- Phase 3 – Enhance Provider Capabilities
- Phase 4 – Expand Case and Care Management Programs

Medicaid Rates

- Provider reimbursement rates are reviewed on a five year rolling basis, some more frequently, due to State Plan language, provider or legislative requests.
- Provider rates are also reviewed during agency budget build and recommendations are put forward based on the analysis.
- Physician rates are reviewed annually and the findings are reported by February 1st of each year pursuant to NRS 232.354.
- Rate reviews do not necessarily result in a rate increase as it may require additional State General fund appropriations from Legislature.

Medicaid Rate Methodologies

- **Utilize the CMS Fee Schedule**

Rates based on a set year CMS conversion factor and the associated value units assigned by individual procedure code. A percentage of the full rate is paid based on the methodologies listed in the State Plan (Examples include Physician or Nurse Practitioner).

- **Establish a Per Diem Rate**

Rates are set based on Medicaid allowable costs as defined in Federal Regulations (Examples include Free Standing Psychiatric Facilities or Skilled Nursing Facilities).

- **Utilize Cost Settlement**

Select Provider Types such as Critical Access Hospitals (CAH) are cost settled. Providers receive an interim rate based on the previous year's costs.

- **Development of LTSS Rates**

The 2001 Legislative Session enacted A.B. 513 that created a Provider Rates Task Force. Rates for waiver providers were recommended by the Provider Rates Task Force and were adopted by the DHCFP August 15, 2002.

- **Negotiated Rate**

Negotiated rates are sometimes necessary in special situations such as access to care or difficult placement. Both facility specific and patient specific rates can be negotiated.

Alternatives

- Expanded the use of telemedicine/telehealth
- Implemented Community Paramedicine Program
- Implemented the Applied Behavioral Analysis (ABA) Program
- Expanded the use of Advanced Practice Registered Nurses (APRN)
- Implementing the Certified Community Behavioral Health Clinics (CCBHC) program
- Increased Inpatient Psychiatric Rate
- Implemented the “In Lieu of” option for MCO
- Easing Administrative burdens by:
 - *Aligning Prior Authorization requirements between FFS and MCO*
 - *Implementing online provider enrollment*
- Requesting funds for:
 - *Registered dietitians to perform Medical Nutrition Therapy*
 - *Adult Podiatry services.*
 - *rate increases in community based services, skilled nursing facilities and pediatric surgeons.*

Applied Behavioral Analysis (ABA)

- **Age**

- *Under 21 years of age*

- **Diagnosis**

- *Autism Spectrum Disorder*

- **Coverage**

- *Services must be medically necessary*

- *Assessments*

- *Adaptive Behavior Treatment (Individual & Group)*

- *Adaptive Behavior Family Treatment*

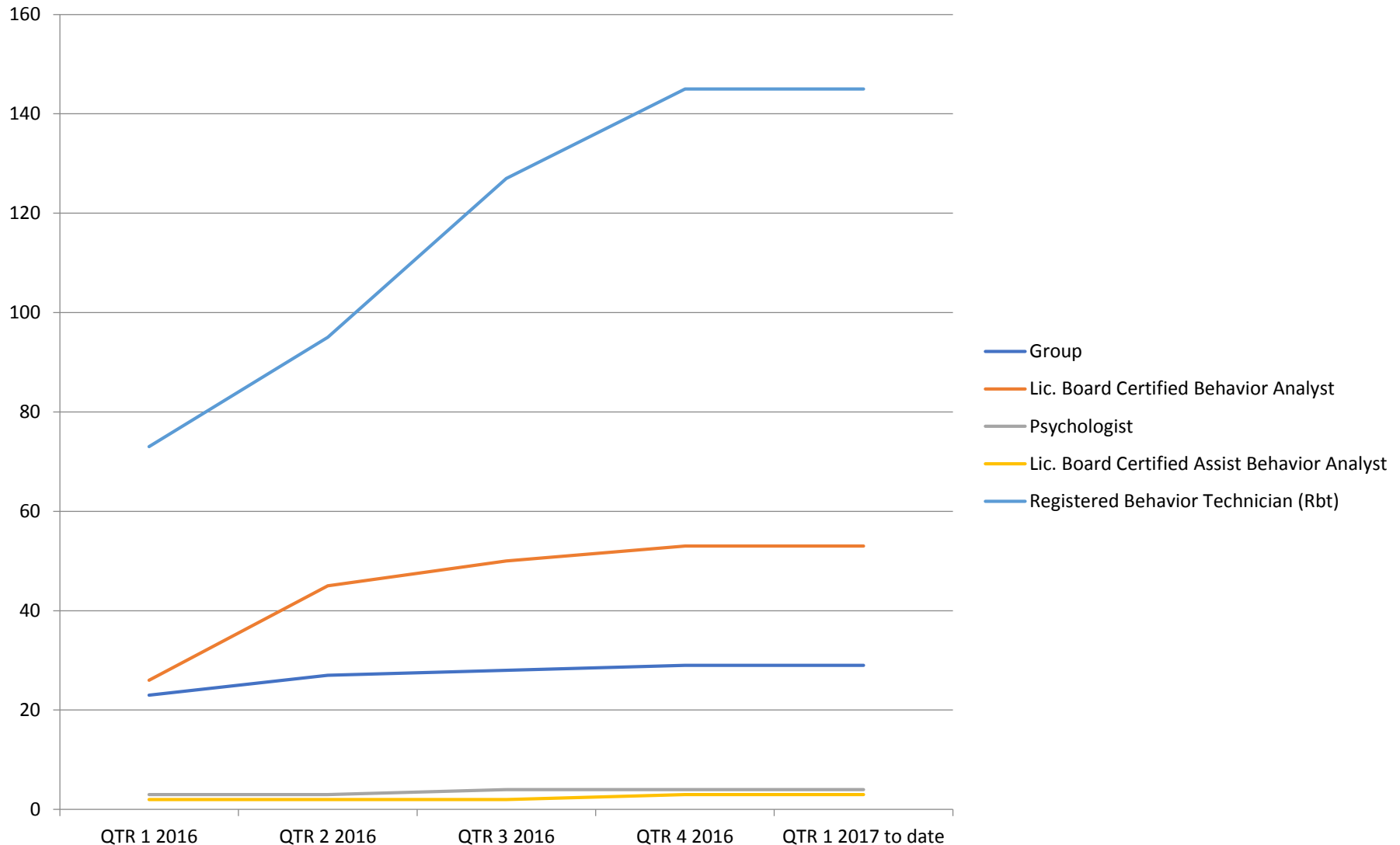
- **Prior Authorization**

- *With the exception of assessments all services require prior authorization*

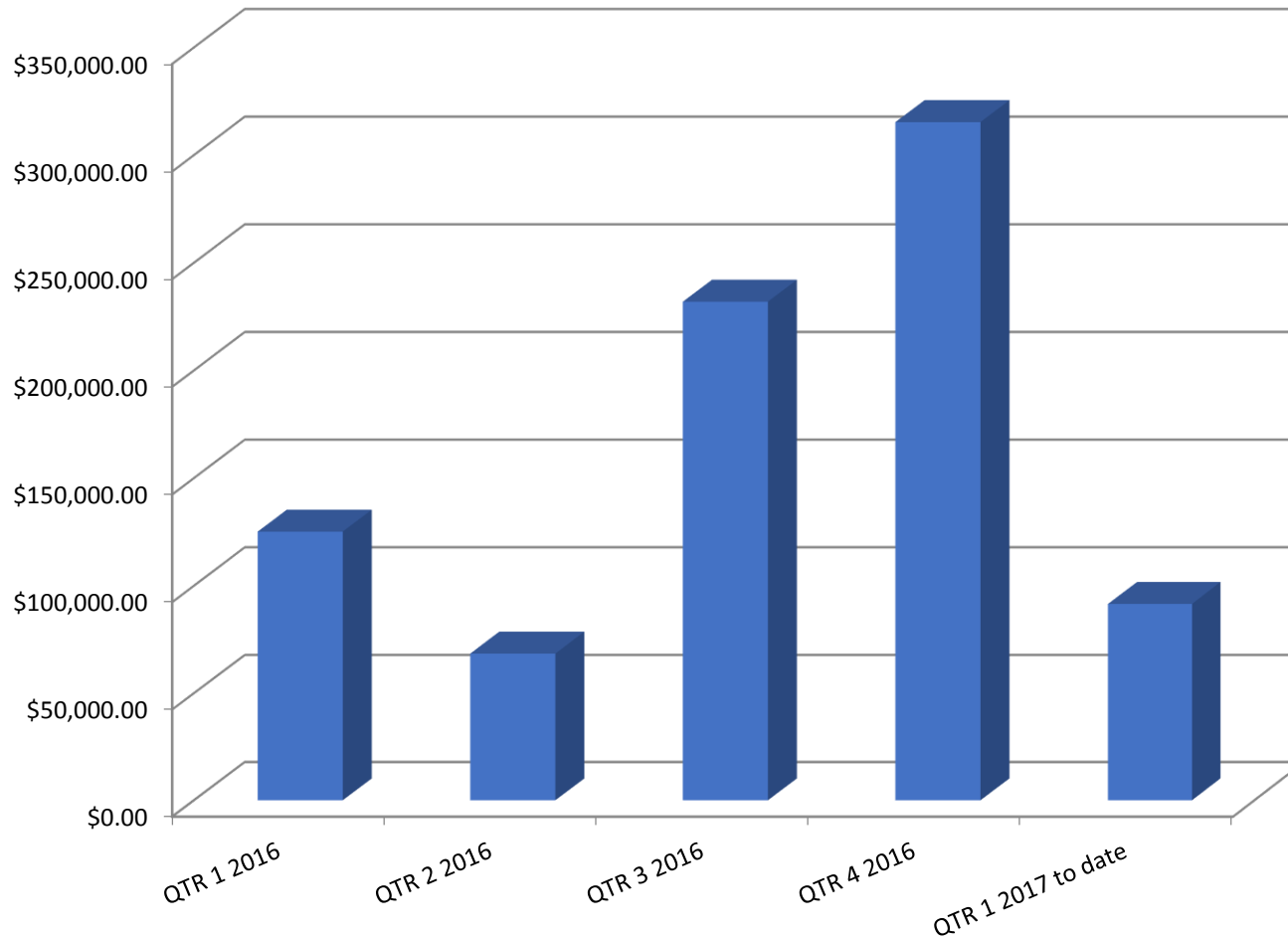
ABA Providers

- Licensed Psychologist
- Licensed and Board Certified Behavior Analyst (BCBA)
- Licensed and Board Certified Assistant Behavior Analyst (BCABA)
- Board Certified Registered Behavior Technician (RBT)

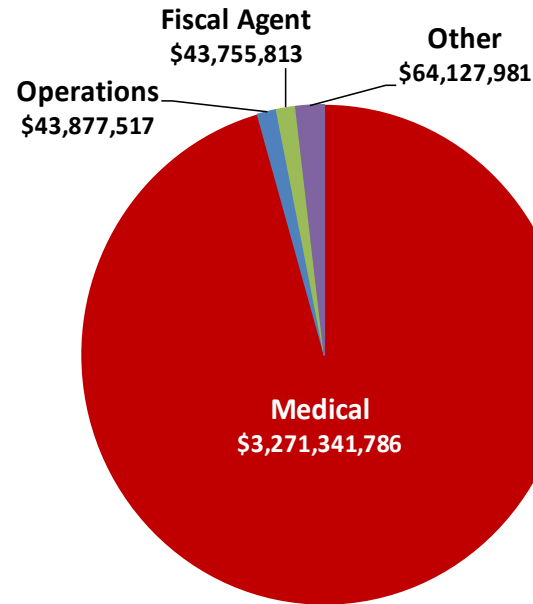
ABA Provider Enrollment by Specialty



ABA Expenditures



SFY16 Total Computable Spend by Type



Total Computable Spend: \$3,423,103,097

ADMIN OTHER
\$64,127,981
(Majority of these
funds are pass
through of federal
dollars to sister &
state agencies for
administrative
services)

Medical (Medicaid and Nevada Check Up)	\$3,271,341,786	95.57%
DHCFP Operations	\$43,877,517	1.28%
DHCFP Fiscal Agent	\$43,755,813	1.28%
Public and Behavioral Health	\$1,542,423	0.05%
Division of Welfare and Supportive Services	\$49,956,597	1.46%
Division of Aging and Disability Services Admin	\$10,449,053	0.31%
Local Governments/Administrative Claiming	\$900,259	0.03%
Division of Child and Family Services	\$1,026,342	0.03%
Directors Office	\$204,410	0.01%
Department of Administration	\$28,097	0.00%
Transfer to Legislative Council Bureau	\$20,800	0.00%
TOTAL	\$3,423,103,097	100.00%

Appendix

Acronyms

ABA – Applied Behavioral Analysis

ACA – The Affordable Care Act

ADA – The Americans with Disabilities Act

APTC – Advanced Premium Tax Credit

CMS – Centers for Medicare and Medicaid

EPSDT – Early Periodic Screening, Diagnostic, and Treatment

FMAP – Federal Medical Assistance Percentage

FPL – Federal Poverty Level

HCBS – Home and Community-Based Services

HHS – U.S. Department of Health and Human Services

LTSS – Long-Term Supports and Services

MCO – Managed Care Organization

MLTSS – Managed LTSS

NET – Non-emergency transportation

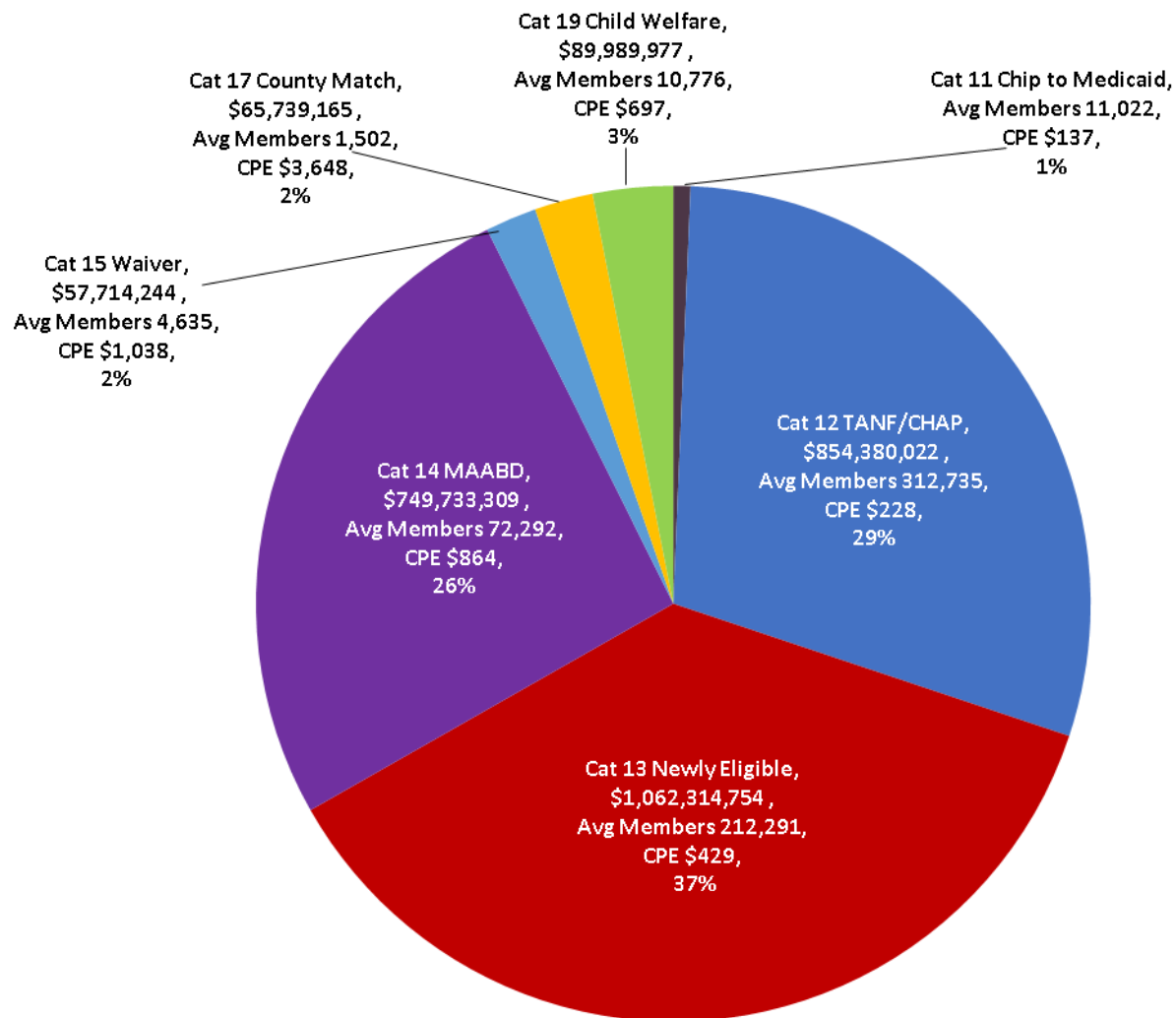
Blended Federal Medical Assistance Percentage (FMAP)

Updated September 2016

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%	75.35%	92.60%	100.00%
FY17	64.74%	75.32%	98.32%	97.50%
FY18	65.48%	75.84%	98.84%	94.50%
FY19	65.56%	75.90%	98.90%	93.50%
FY20	64.98%	75.48%	81.23%	91.50%

Note: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY19 through FY20 are projections.

SFY16 Medicaid Cost by Budget Category



Modified Adjusted Gross Income (MAGI) Medical Groups

Medical Groups	Income Limits	Exceptions/Rules
Parents & Caretakers	138% of Poverty	Parent/Caretaker must have a dependent minor child in the home.
Children under 19 Poverty Level Children	Children 6-18: < 122% FPL Children under 6: < 165% FPL	
Pregnant Women	< 165% FPL	
Childless Adult Non-Parents 19–64 years old	< 138% FPL	Cannot be pregnant; Cannot be Medicare eligible; Cannot be eligible in another Medical group.
Nevada Check-Up State CHIP program for children under 19	Children under 6: 166%-205% Children 6-18: 139%-205% FPL	Premium payment required; Cannot have other insurance; Cannot be Medicaid eligible.

Specialized Medical Groups

Aged Out of Foster Care	No income or resource determination	Under 26 years of age; were in foster care and enrolled in Medicaid at the time they turned 18 years of age.
Children for Whom a Public Agency has Assumed Financial Responsibility	No income or resource determination	Public agency has assumed responsibility; Child cannot be in DCFS custody
Title IV-E eligible foster children at Rite of Passage	No income or resource determination	Children under 18 years of age residing at Rite of Passage receiving IV-E foster care benefits Applications processed at Yerington D.O.
Breast and Cervical Cancer	No income or resource determination by DWSS. CDC screening includes income determination.	Under age 65; Uninsured or under insured; Not eligible under any other medical assistance program; Screened by CDC and in need of treatment. Applications processed by Elko D.O.

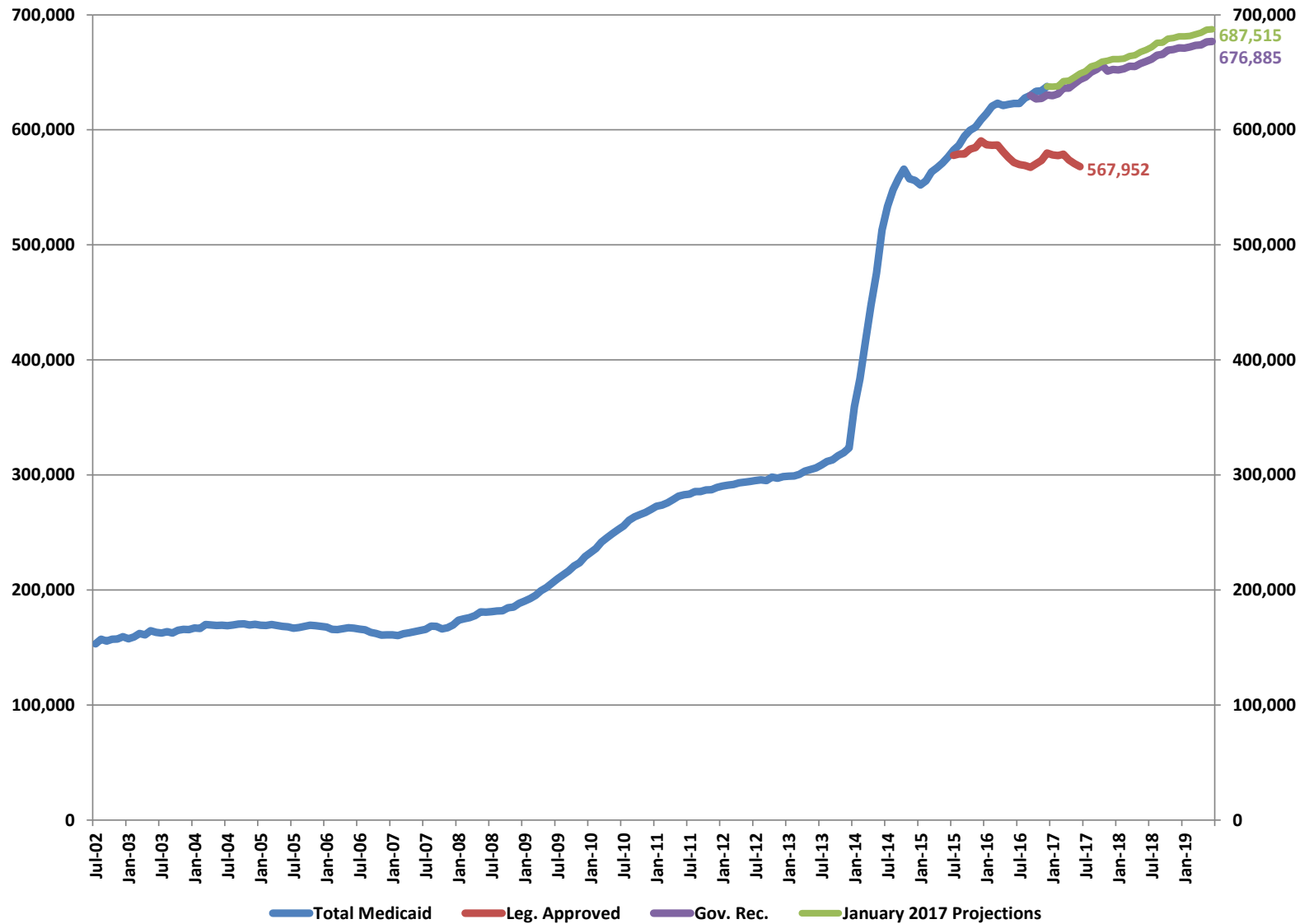
MAABD Medical Groups

Definition	Income Limits	Exceptions/Rules
SSI Recipients	Categorically eligible, income and resource determination made by SSI	Receiving SSI as a Nevada resident
Public Law -Adult Disabled Child -Pickle Amendment -Widow/Widowers -Widow/Widowers and Surviving -Divorced Spouses -Suspension of SSI due to Income		Had SSI, Lost SSI as a result of an event. (usually increase in RSDI)
Institutional	\$30 SSI Institutional payment rate	Residing in long term care
Home and Community Based Services	Frail/Elderly	Over 65 years of age; Meets the level of care assessment; Residing in approved assisted living facility.
	Intellectually Disabled	Intellectually disabled; Living in a community setting;
	Disabled Waiver	Meet Level of Care and disability determination; Living in a community setting

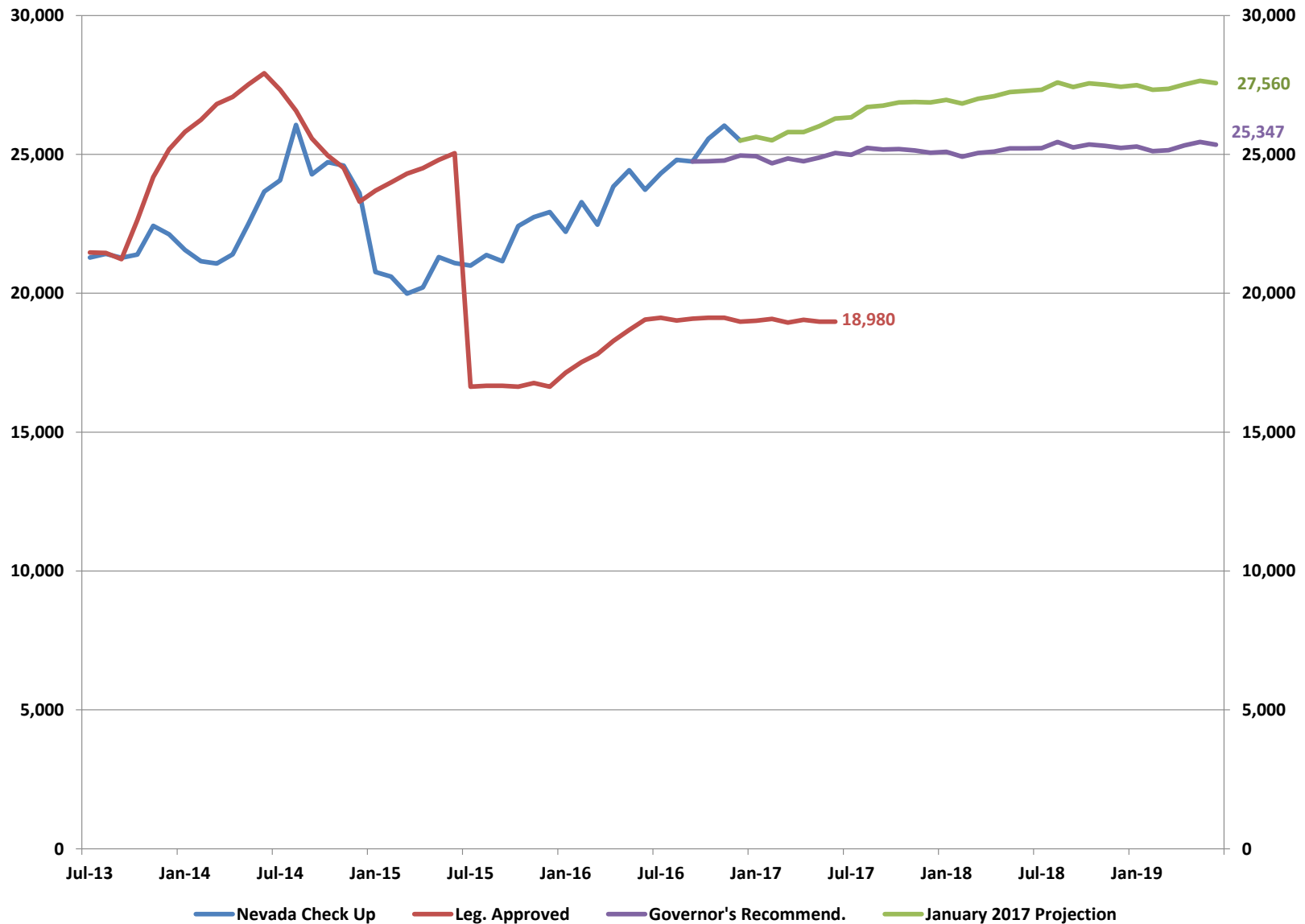
MAABD Medical Groups (Continued)

Definition	Income Limits	Exceptions/Rules
Katie Beckett	Disabled children not eligible for SSI	<p>Child under 19 years of age;</p> <p>Residing at home with parents;</p> <p>Denied SSI for excess income of parents;</p> <p>Meets level of care assessment and can be cared for at home for less cost than institutionalization;</p>
Prior medical for the Aged, Blind or Disabled	Income < SSI payment level;	Disability determination made by DHCFP
Health Insurance for Working Disabled (HIWA)	Gross earned 450% FPL; Unearned \$699;	<p>Not eligible for Medicaid under any other category;</p> <p>Between 16-64 years of age;</p> <p>Employment related disregards allowed;</p> <p>Must be disabled or blind.</p>

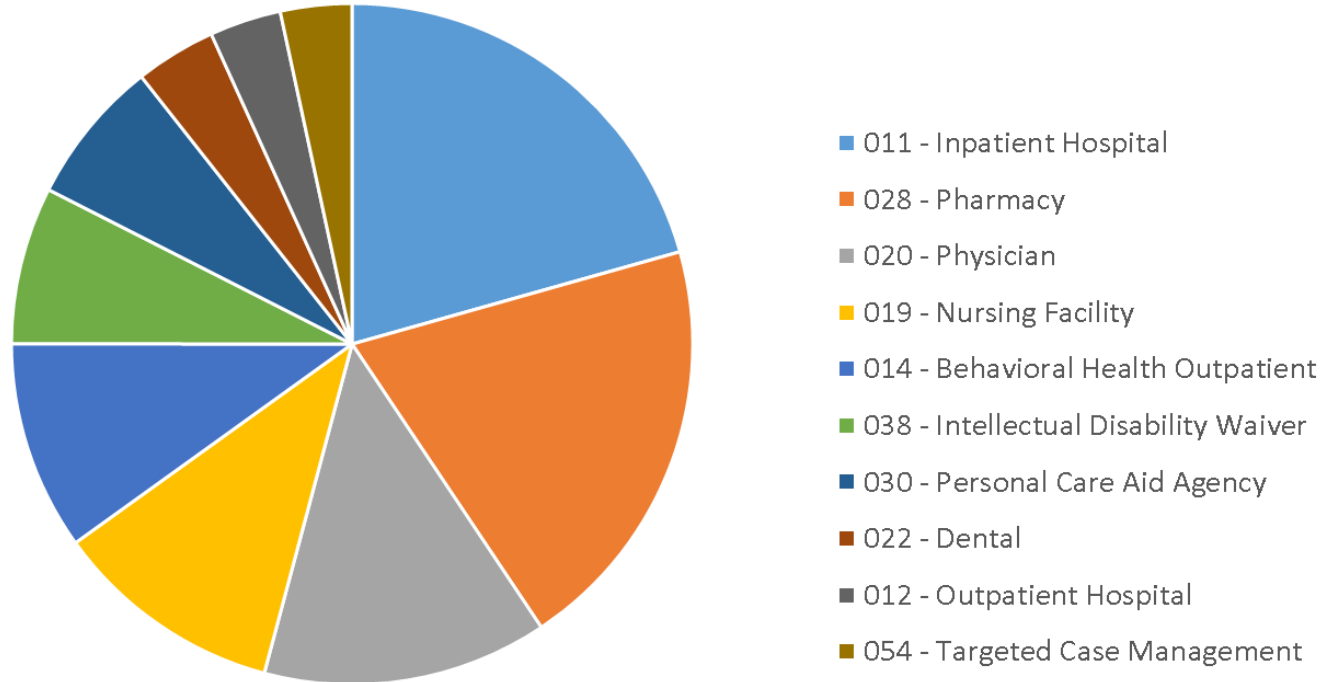
Medicaid Caseload



Nevada Check Up Caseload

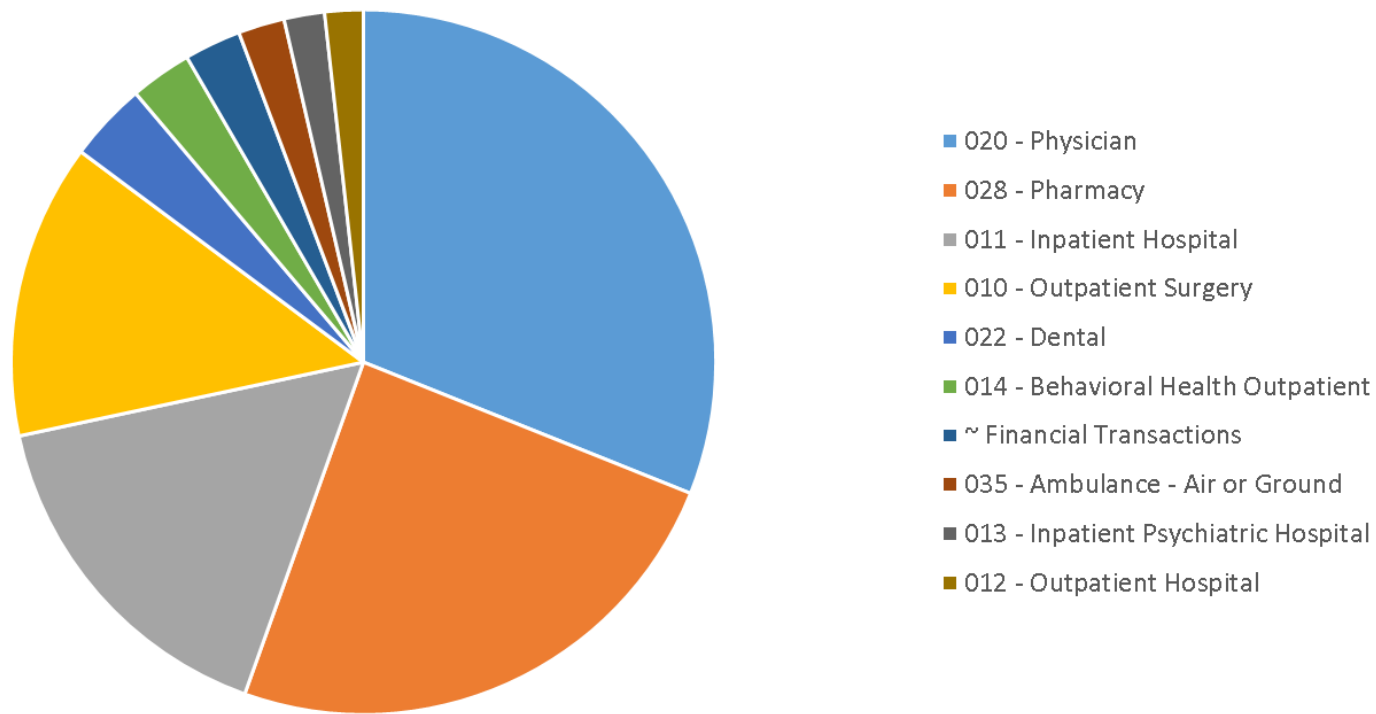


SFY16 FFS Top 10 Services by Expenditures



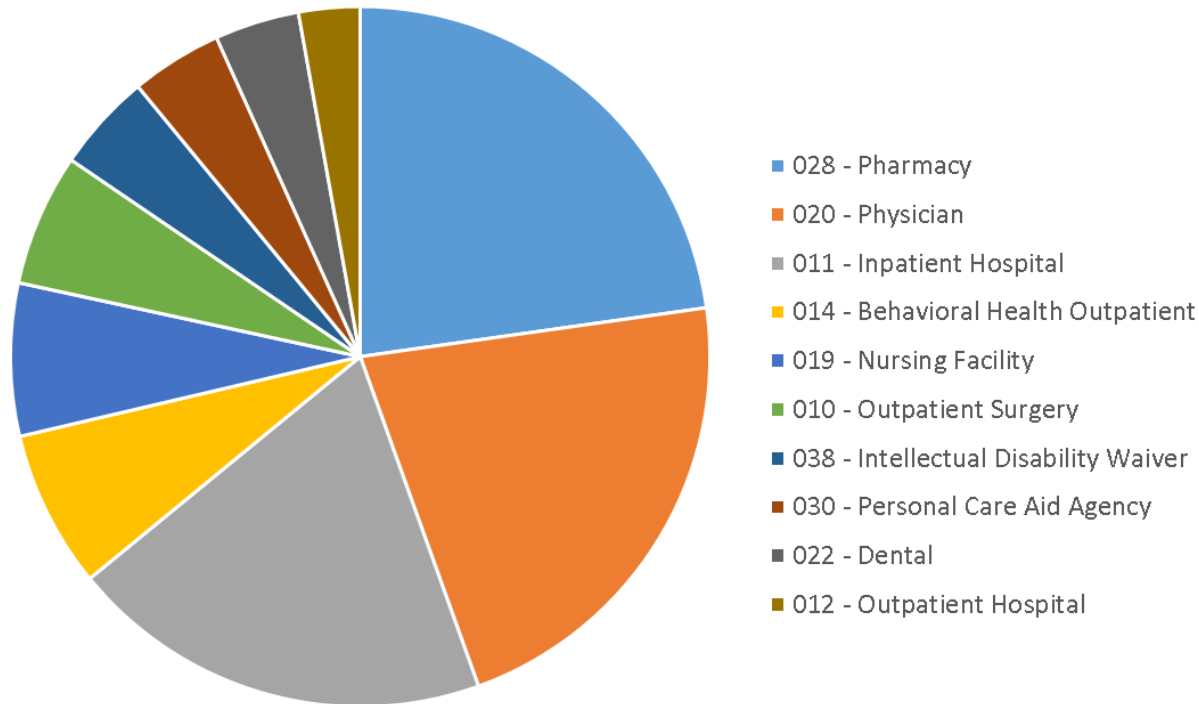
Provider Type	Sum of Net Payment	% of Expenditures
011 - Inpatient Hospital	\$ 266,342,463.96	16%
028 - Pharmacy	\$ 258,129,046.94	16%
020 - Physician	\$ 174,672,277.26	11%
019 - Nursing Facility	\$ 141,130,587.78	9%
014 - Behavioral Health Outpatient	\$ 128,286,366.64	8%
038 - Intellectual Disability Waiver	\$ 96,409,603.88	6%
030 - Personal Care Aid Agency	\$ 88,926,190.74	5%
022 - Dental	\$ 49,528,587.79	3%
012 - Outpatient Hospital	\$ 43,871,730.07	3%
054 - Targeted Case Management	\$ 43,756,145.25	3%

SFY16 MCO Top 10 Services by Expenditures



Provider Type	Sum of Net Payment	% of Expenditures
020 - Physician	\$ 287,758,759.55	27.15%
028 - Pharmacy	\$ 226,022,619.20	21.32%
011 - Inpatient Hospital	\$ 149,730,850.67	14.12%
010 - Outpatient Surgery	\$ 125,488,044.10	11.84%
022 - Dental	\$ 33,561,244.08	3.17%
014 - Behavioral Health Outpatient	\$ 26,257,119.66	2.48%
~ Financial Transactions	\$ 24,102,805.23	2.27%
035 - Ambulance - Air or Ground	\$ 19,693,899.34	1.86%
013 - Inpatient Psychiatric Hospital	\$ 17,197,950.07	1.62%
012 - Outpatient Hospital	\$ 16,374,207.93	1.54%

SFY16 FFS/MCO Top 10 Services by Expenditures



Provider Type	Sum of Net Payment	% of Expenditures
028 - Pharmacy	\$ 484,151,666.14	18.09%
020 - Physician	\$ 462,431,036.81	17.27%
011 - Inpatient Hospital	\$ 416,073,314.63	15.54%
014 - Behavioral Health Outpatient	\$ 154,543,486.30	5.77%
019 - Nursing Facility	\$ 149,926,859.92	5.60%
010 - Outpatient Surgery	\$ 129,956,016.15	4.85%
038 - Intellectual Disability Waiver	\$ 96,409,603.88	3.60%
030 - Personal Care Aid Agency	\$ 89,831,535.19	3.36%
022 - Dental	\$ 83,089,831.87	3.10%
012 - Outpatient Hospital	\$ 60,245,938.00	2.25%